

## EXHIBIT APPLICATION

**Safety in Numbers: Working Together from Research into Practice**  
*April 28-29, 2003      Hyatt Regency Atlanta Hotel      Atlanta, Georgia*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_  
(This name will appear on the ID sign)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name(s) of Persons Exhibiting (maximum 2 people per 10 x 10 booth, 1 person per tabletop):**

Name: \_\_\_\_\_ Attending Conference: ☐ YES ☐ NO

Name: \_\_\_\_\_ Attending Conference: ☐ YES ☐ NO

*If planning to attend the conference you can register on-line at [www.cdc.gov/ncipc/conference](http://www.cdc.gov/ncipc/conference). If you prefer to mail your information, please submit the Conference Registration form with this Exhibit Application.*

**Please give a short description of what you plan to exhibit, including the topic area:**

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**Please mark your choice:**

Tabletop: ☐ Non-profit or Government (\$500.00) ☐ Private or Commercial Organization (\$800.00)

Booth (10'x10'): ☐ Non-profit or Government (\$800.00) ☐ Private or Commercial Organization (\$1,500.00)

**Payment method:**

☐ Check# \_\_\_\_\_ make check payable to the *The Task Force for Child Survival and Development*

☐ Visa ☐ MasterCard ☐ P.O.

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Please mail the completed form and exhibit fee to:

Regina Cannon  
The Task Force for Child Survival and Development  
750 Commerce Drive, Suite 400  
Decatur, GA 30030  
404-687-5620 Ph. 404-371-1087 Fax  
**Tax ID Number: 58-1698648**